## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1996

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

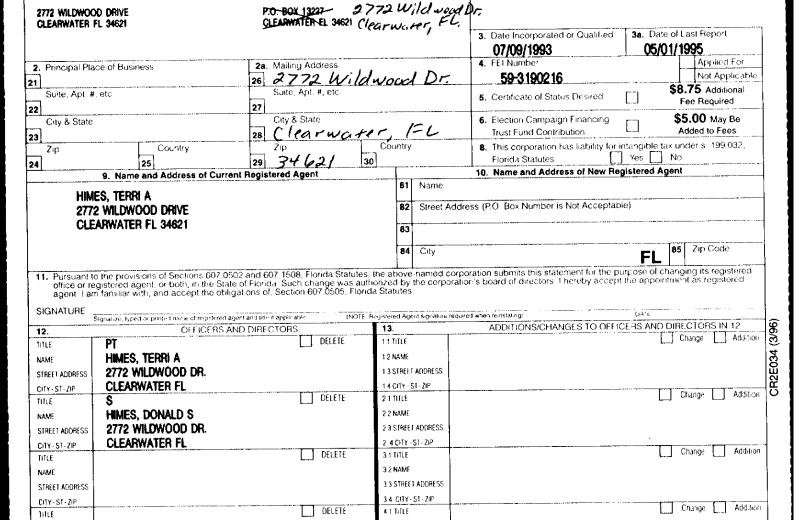
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** P93000049743 (6)

HIMES RISK MANAGEMENT SERVICES, INC.



CITY-ST-ZIP 14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 furner certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that was reported in the corporation of that my name appears in Block 12 or Block 13 if changed, or on an altachment with an address

4 2 NAME

5.1 HELE

5.2 NAME

6 1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY - ST - ZIP

5 4 CITY - ST-ZIP

4.4 CITY - ST - 20P

SIGNATURE: \_

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - 2IP

CITY - ST - ZIP

DELETE

DELETE

8/10/96 (813)797-0009

Change Addition

Change Addition